

Skilled Nursing Facility Quality and Accountability Program

California Department of Health Care Services,
California Department of Public Health, and
Health Services Advisory Group, Inc.

June 27, 2012

Introductions

Debby Rogers, Deputy Director
Center for Health Care Quality
California Department of Public Health

Mari Cantwell, Deputy Director
Health Care Financing
California Department of Health Care Services

Dr. Mary Fermazin, Vice President
Health Policy & Quality Measurement
Health Services Advisory Group

Amber Saldivar, Senior Analyst
Informatics Team
Health Services Advisory Group

Agenda

- QA Program Status Report and Update by CDPH and DHCS
 - Status report and update on program progress
- New Measures and Data Analysis presented by Amber Saldivar
 - Analysis of six recommended new measures
 - Measure averages and quarterly trends
- New Measures Development presented by Dr. Mary Fermazin
 - Chemical Restraint
 - Olmstead Act Implementation
 - Staff Retention
- Next Steps

QA PROGRAM STATUS REPORT AND UPDATE

Debby Rogers, Deputy Director
Center for Health Care Quality
California Department of Public Health

Mari Cantwell, Deputy Director
Health Care Financing
California Department of Health Care Services

Agenda

- Status report and update on program progress
 - Overview of current program information
 - Quality Indicator Updates
- Responding to stakeholder input
 - Ongoing quarterly stakeholder meetings
 - Improvement efforts
 - Legislative updates

Overview

- Mandate and Code Requirements
 - AB1629
 - ABX19
- Program was delayed to 2012
- Program Goals and Objectives
 - Assess and score SNF care quality
 - Identify which facilities will receive incentive payments
 - Issue incentive payments

Overview

Program Components:

- Eligibility:
 - 3.2 NHPPD Compliant
 - No A/AAs
- Indicators of Quality
 - NHPPD Score
 - Minimum Data Set (MDS) Measures
 - Satisfaction Survey
- Scoring
 - Each measure worth points
 - Must be at or above state average score
- Qualification: Must meet a minimum overall score

Indicators Update: NHPPD

- Current performance period –update
- 728 (63%) of the 1,150 facilities have been audited (as of 6/26/12)
- Audits use 90 day look-back and will finish auditing all 1,150 facilities in August 2012
- Data will be provided to HSAG for quality metric use once data is finalized

Indicators Update: MDS Measures

- List of MDS Measures:
 - Physical Restraints (Long-Stay)
 - Influenza Vaccination (Long-Stay)
 - Influenza Vaccination (Short-Stay)
 - Pneumococcal Vaccination (Long-Stay)
 - Pneumococcal Vaccination (Short-Stay)
 - Pressure Ulcers (Long-Stay)
 - Pressure Ulcers (Short-Stay)
- Current performance period ends and analysis set to begin on 6/30/12

Indicators Update: Satisfaction

- Satisfaction Survey process has begun and is ongoing
- University of Chicago in process of mailing out validated CAHPS questionnaires
- Completed questionnaires to be aggregated and scored by facility
- Report with list of facility satisfaction rates and facility scores completed by end of this calendar year

Measure Selection Criteria

Evaluated each measure using the measure selection criteria:

- Importance
- Scientific Acceptability
- Feasibility
- Usability
- Comparison to Related and Competing Measures

Stakeholder Input

- Quarterly Stakeholder Meetings
- Improvement Efforts
- Legislative updates

Quarterly Stakeholder Meetings

- Next Quarterly Meeting in September
- Current Measure Review
 - Update on Staffing Audits
 - Present MDS Measures Analysis
- New Measure Review
 - Presentations on Potential Measures
 - Discussion on Proposing New Measures
- Other Opportunities for Feedback

Improvement Efforts

Scoring Mechanism:

- Attainment Score
- Improvement Score

Legislative Updates

- Program Sunset Date
 - Two year extension
- Program Performance Period
 - From 7/1/2012 through 6/30/2013
- Ongoing program efforts

NEW MEASURE RECOMMENDATIONS STATEWIDE RATES

Amber Saldivar, MHSM
Senior Analyst, Informatics
Health Services Advisory Group

New Measure Recommendations

- Performed an environmental scan of existing quality measures
- Evaluated each measure using the measure selection criteria
 - Importance
 - Scientific Acceptability
 - Feasibility
 - Usability
 - Comparison to Related and Competing Measures
- Recommended six quality measures for future implementation in the SNF QAP

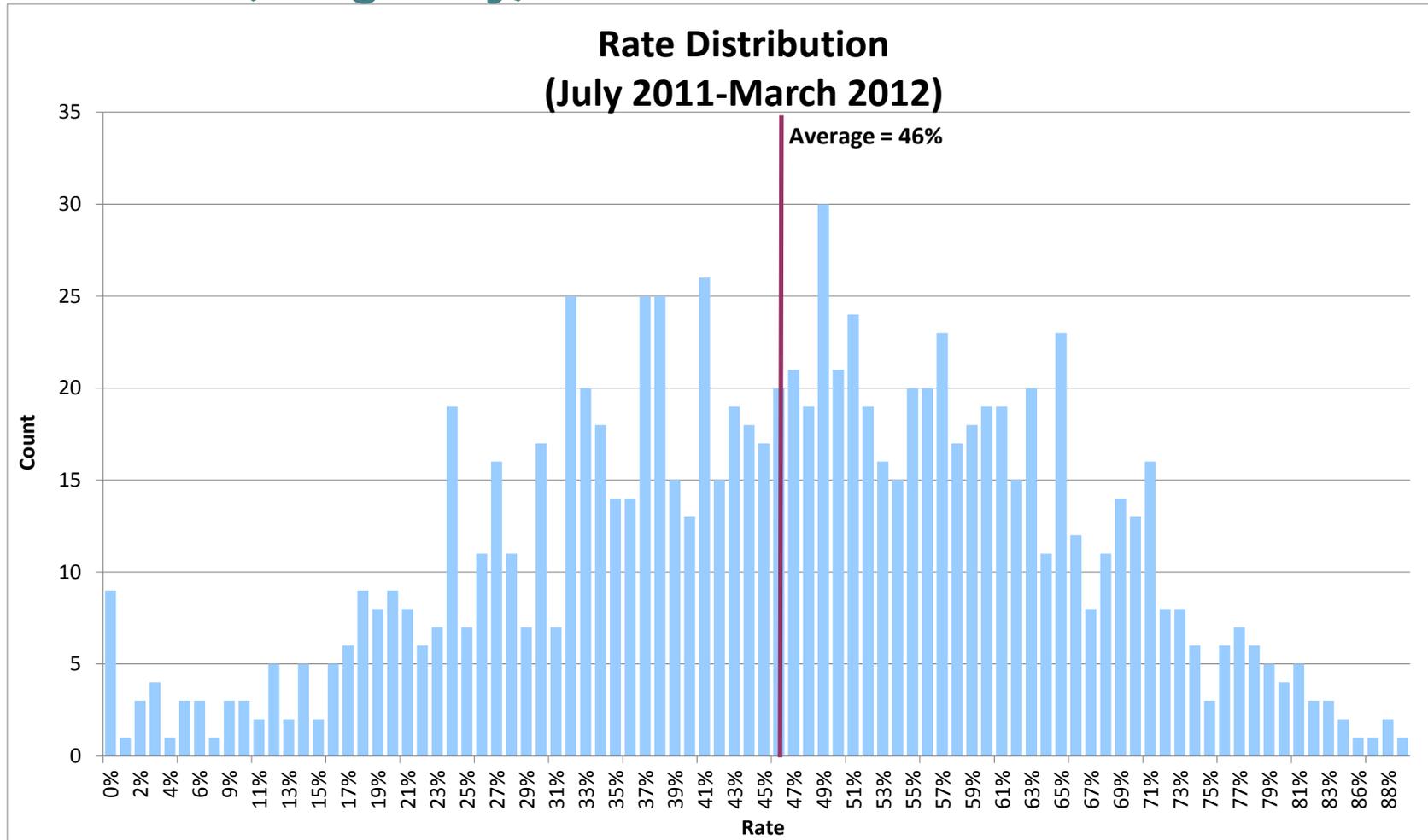
Recommended Measures

1. Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long-Stay)
2. Percent of Residents Who Have Depressive Symptoms (Long-Stay)
3. Percent of Residents with a Urinary Tract Infection (Long-Stay)
4. Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)
5. Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)
6. Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)

Time Period Analyzed

- Used MDS 3.0 Specifications
 - Short Stay—An episode with cumulative days in facility less than or equal to 100 days
 - Long Stay—An episode with cumulative days in facility greater than or equal to 101 days
- Analysis of MDS data for following time periods:
 - Q3 2011 (July – September 2011)
 - Q4 2011 (October 2011 – December 2011)
 - Q1 2012 (January – March 2012)

Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long-Stay)



10th percentile

70%

25th percentile

60%

50th percentile

47%

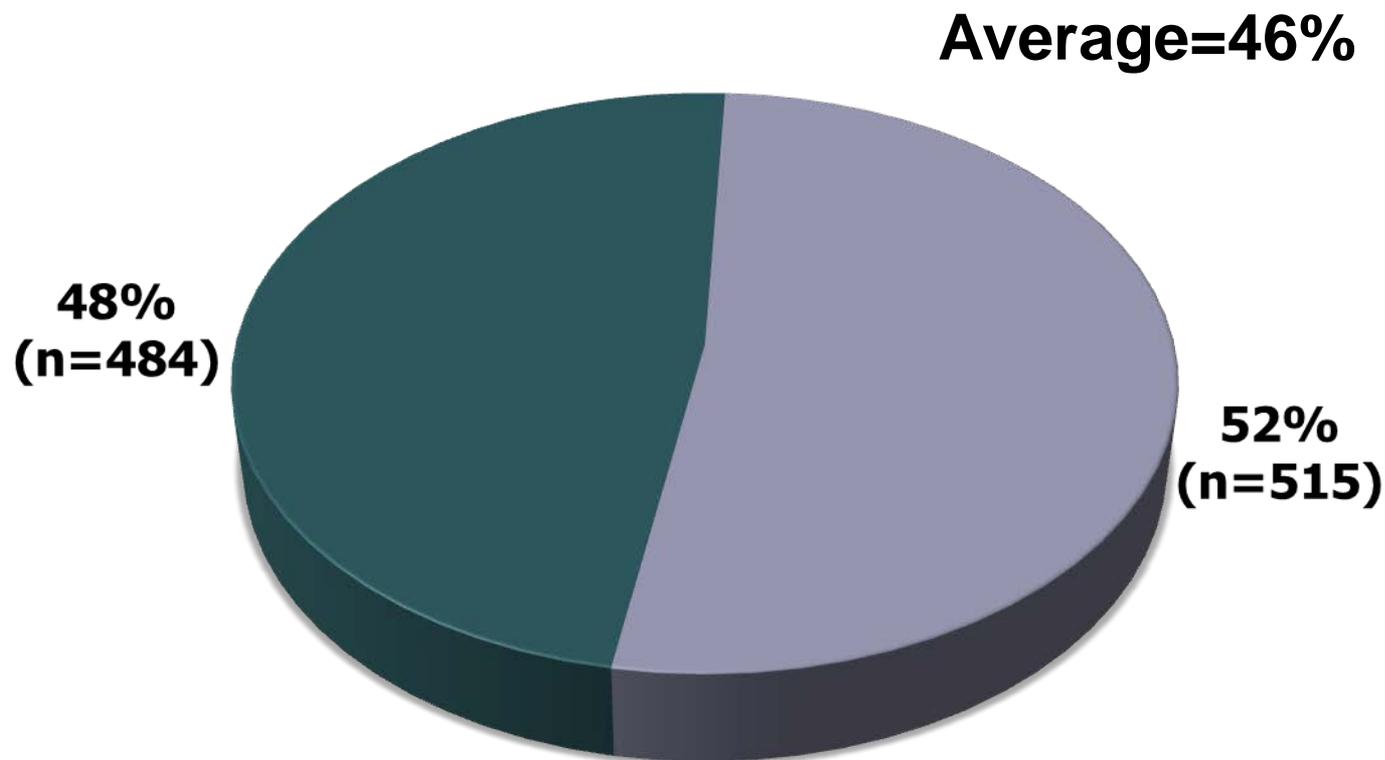
75th percentile

34%

90th percentile

23%

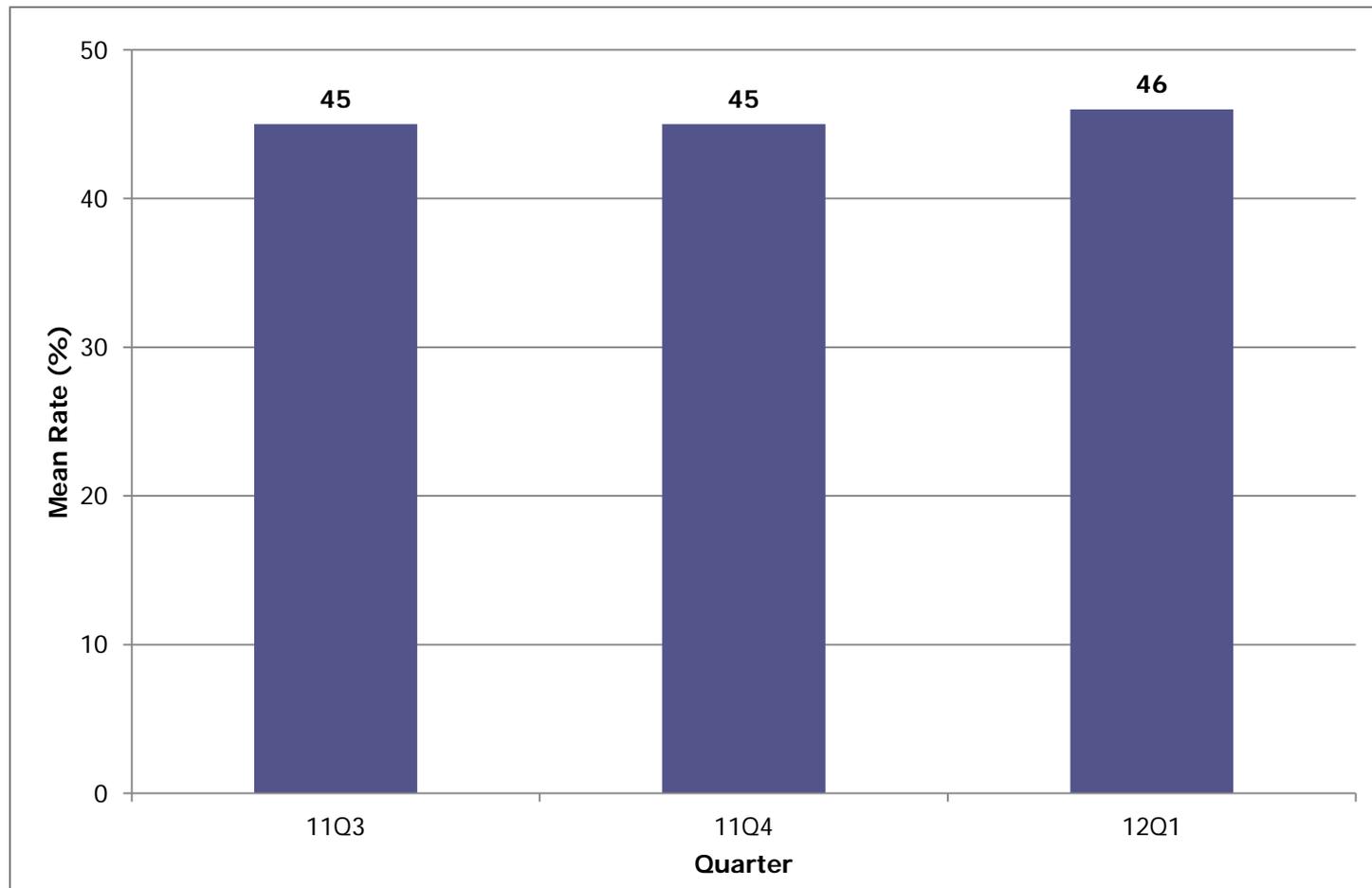
Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long-Stay)



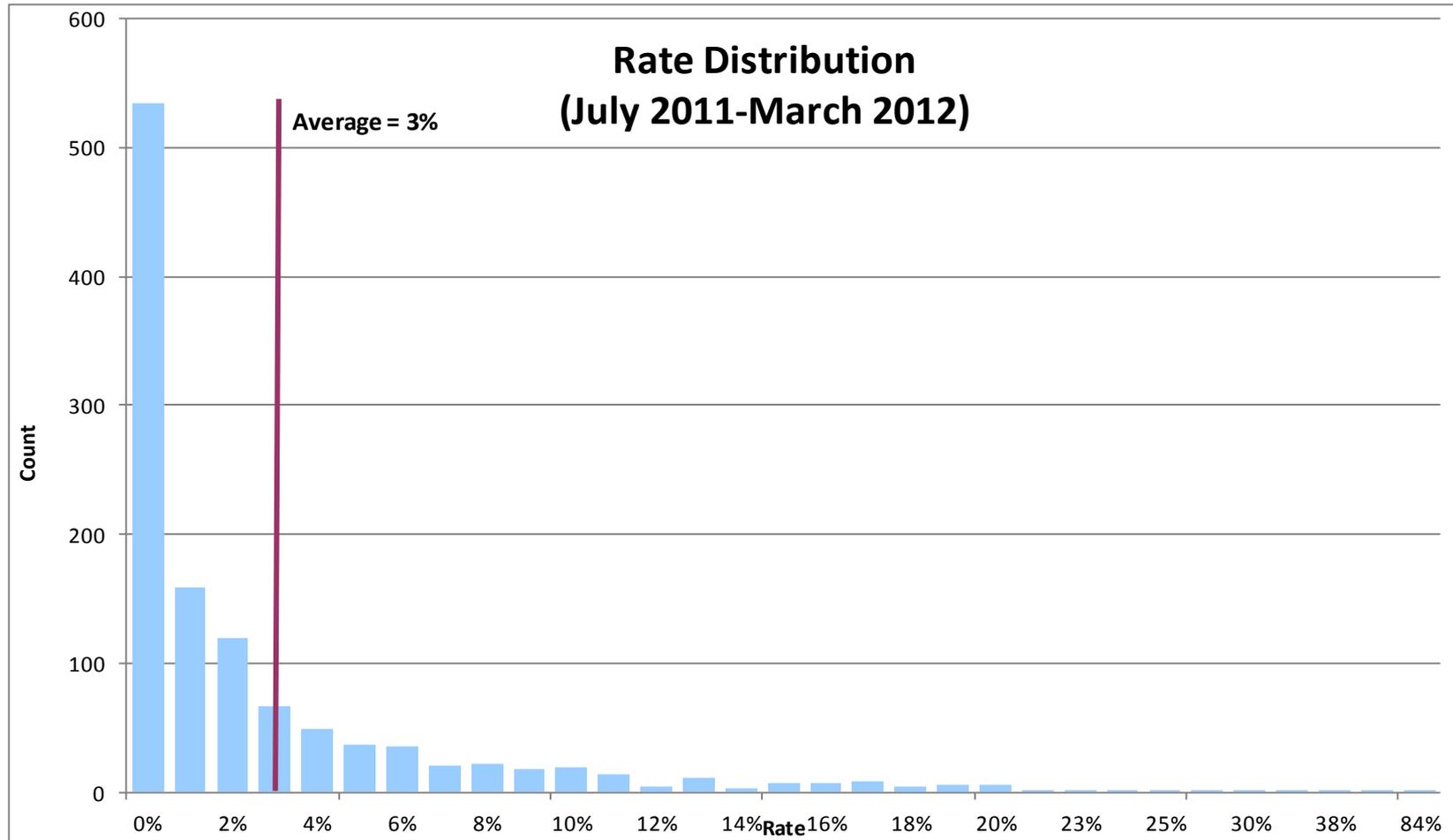
■ Equal to or Better than Average ■ Worse than Average

Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long-Stay)

Trend Analysis



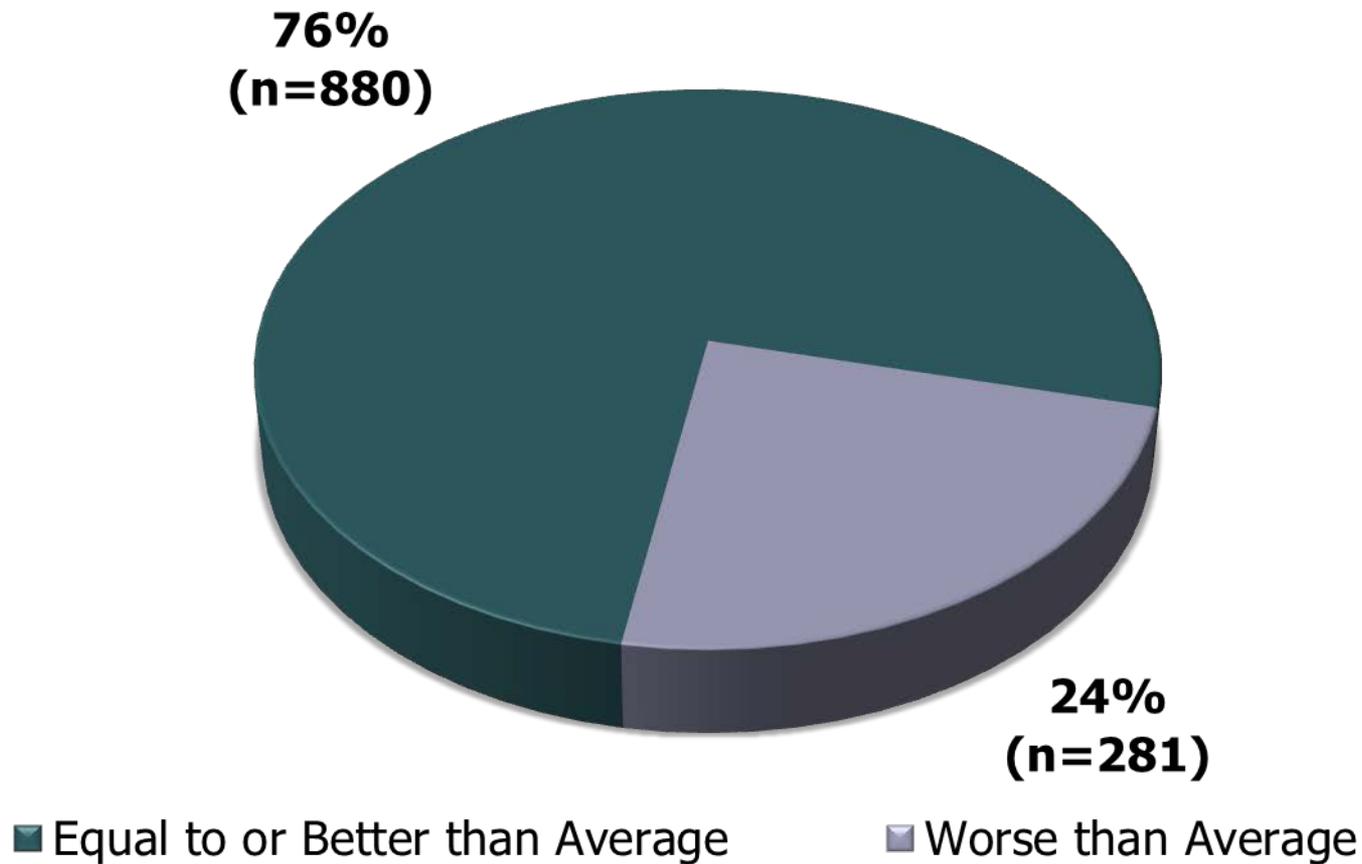
Percent of Residents Who Have Depressive Symptoms (Long-Stay)



10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
9%	3%	1%	0%	0%

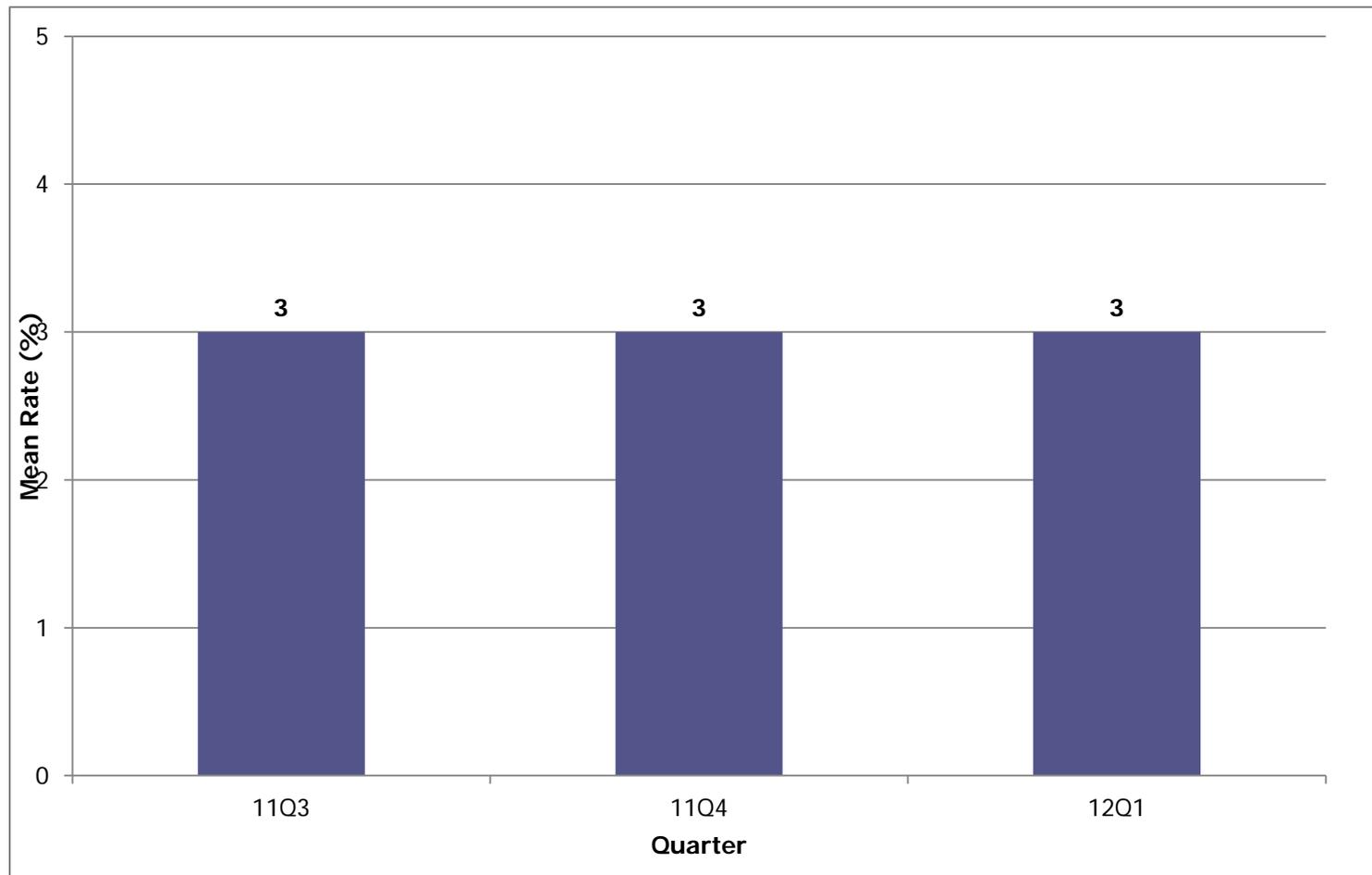
Percent of Residents Who Have Depressive Symptoms (Long-Stay)

Average=3%

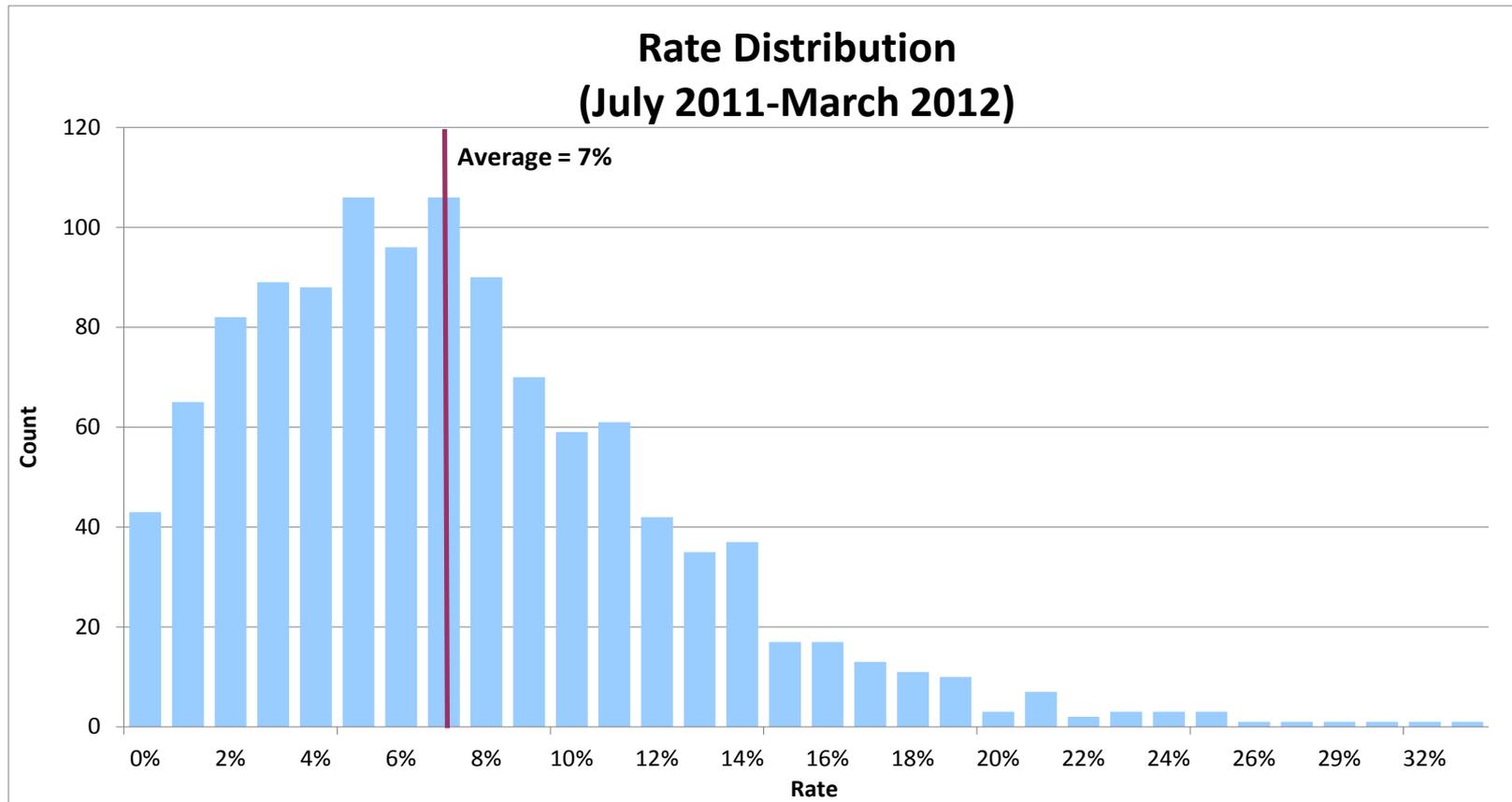


Percent of Residents Who Have Depressive Symptoms (Long-Stay)

Trend Analysis

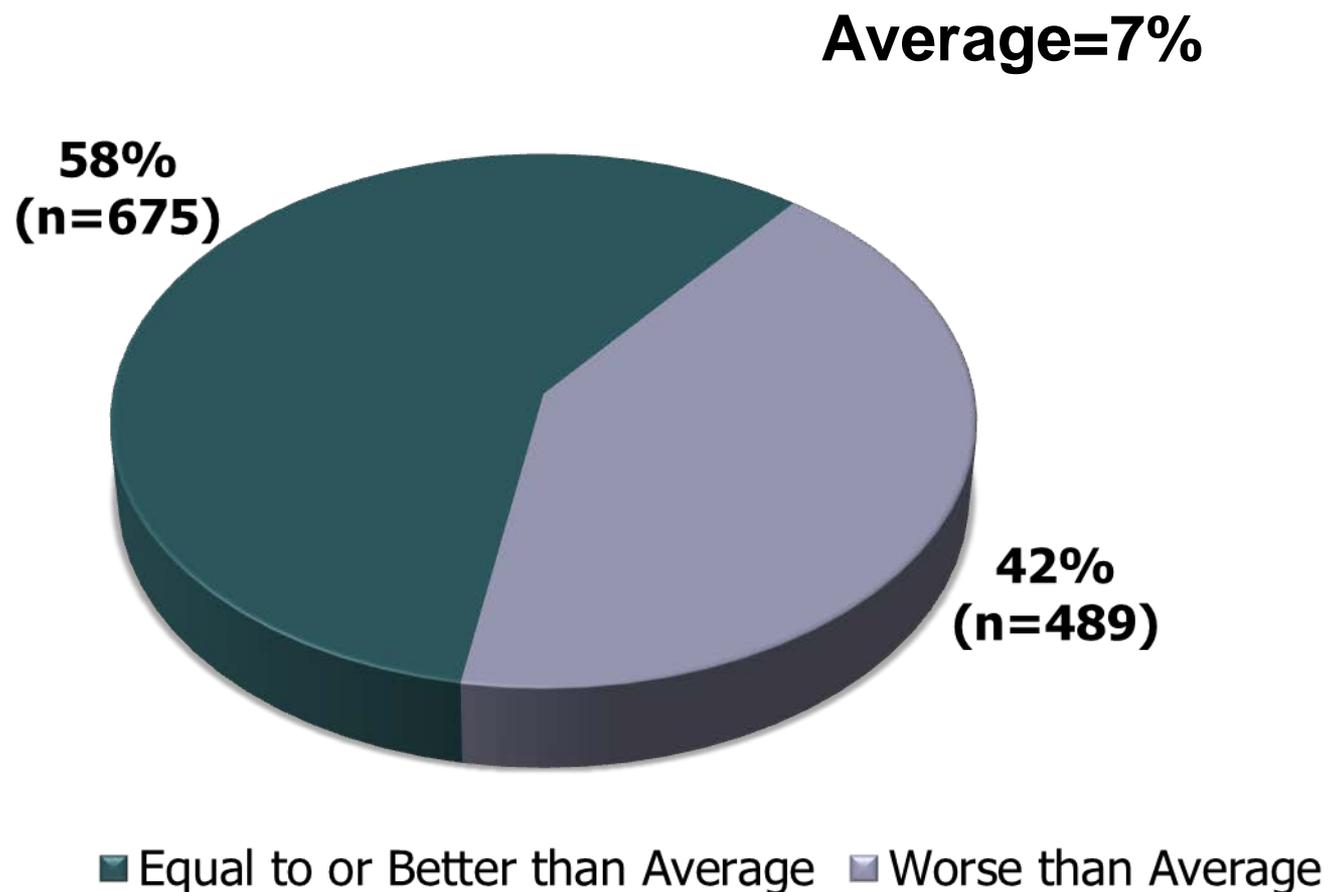


Percent of Residents with a Urinary Tract Infection (Long-Stay)



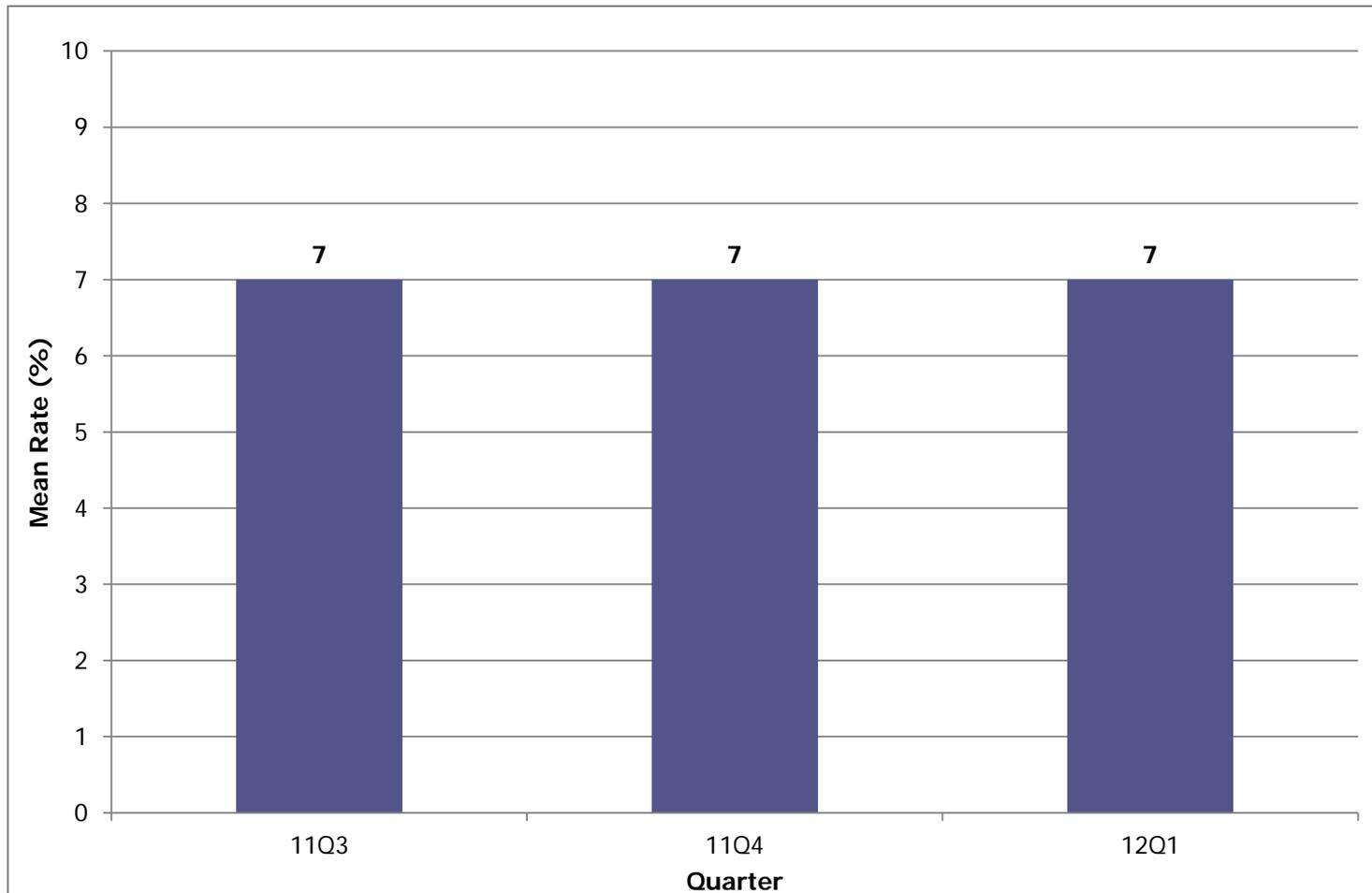
10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
14%	10%	7%	4%	2%

Percent of Residents with a Urinary Tract Infection (Long-Stay)

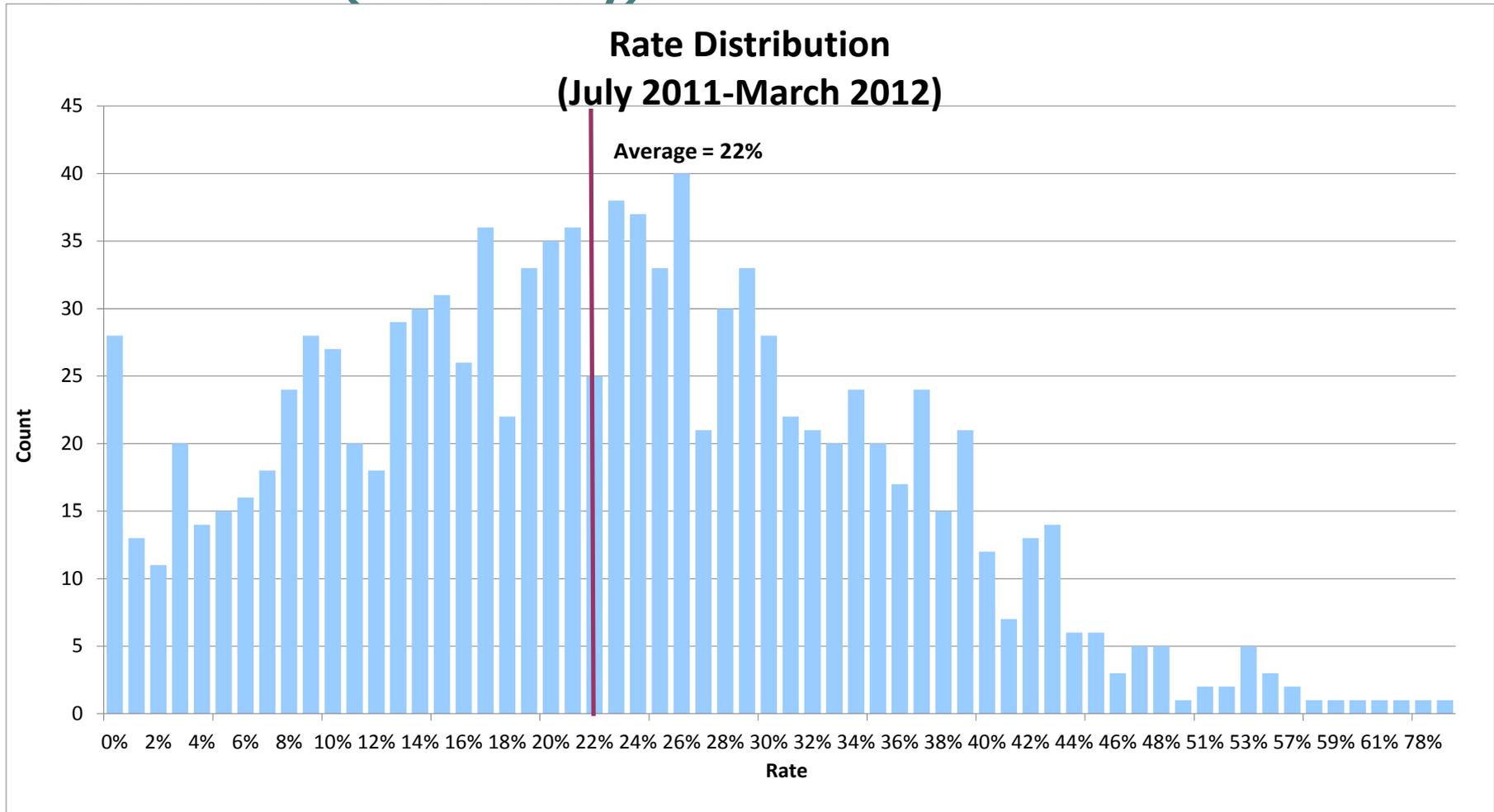


Percent of Residents with a Urinary Tract Infection (Long-Stay)

Trend Analysis



Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)



10th percentile

39%

25th percentile

31%

50th percentile

22%

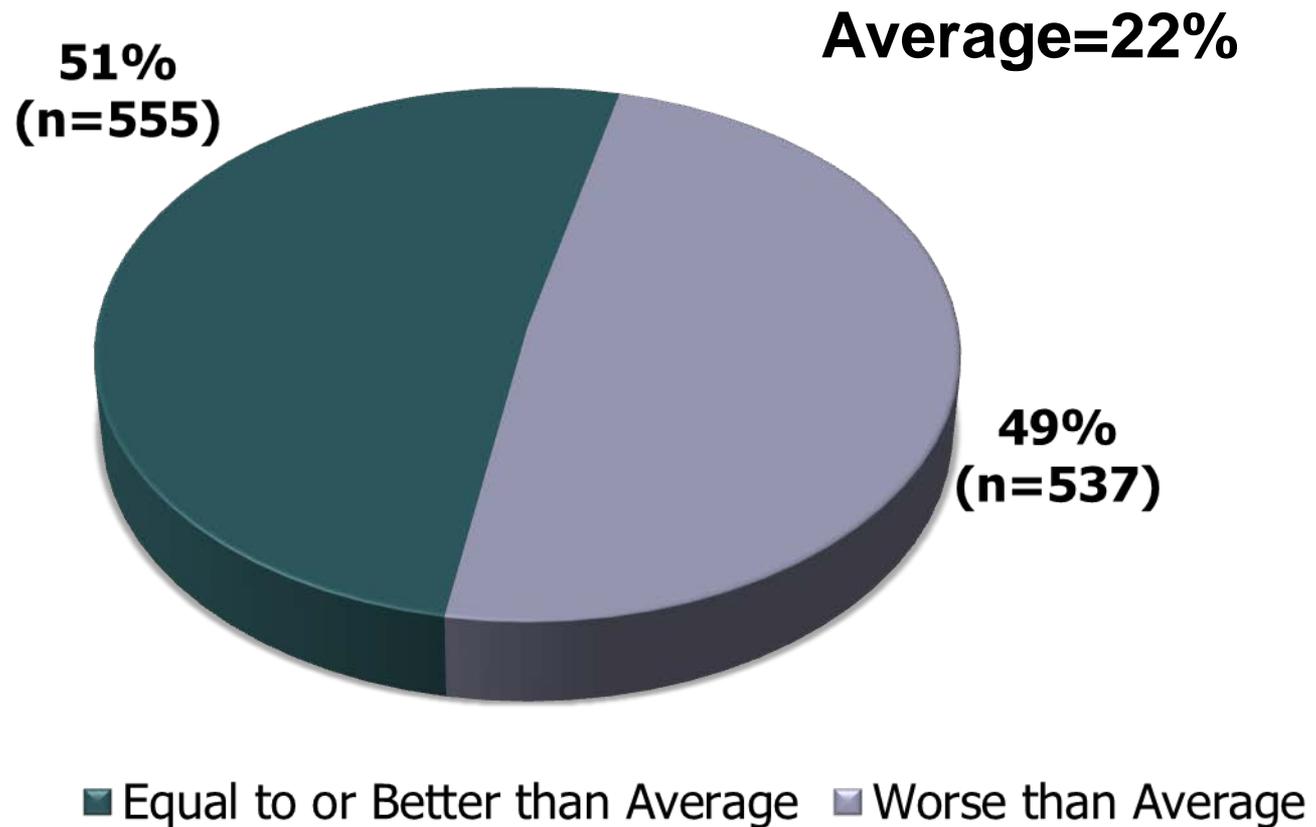
75th percentile

13%

90th percentile

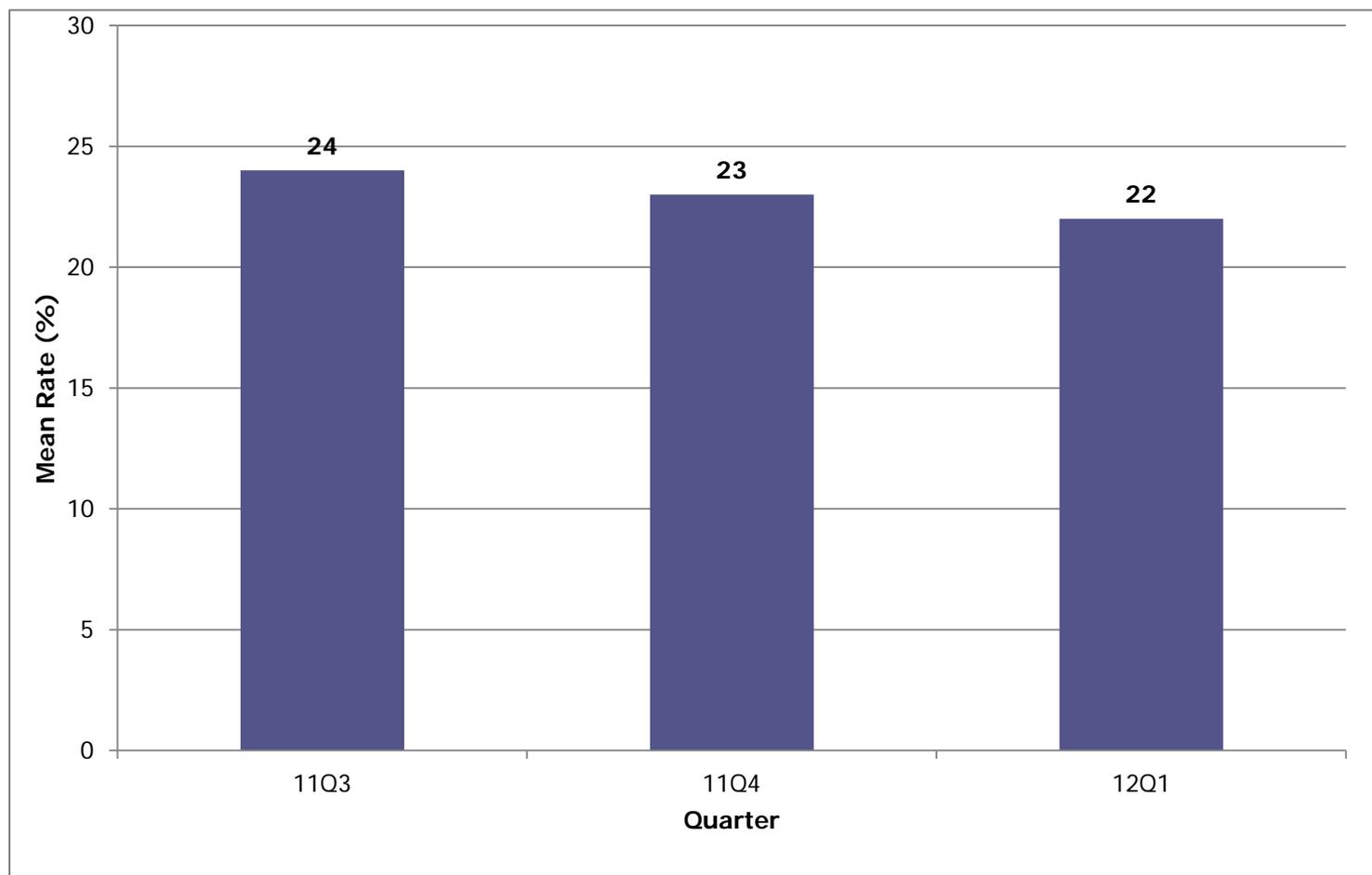
6%

Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)

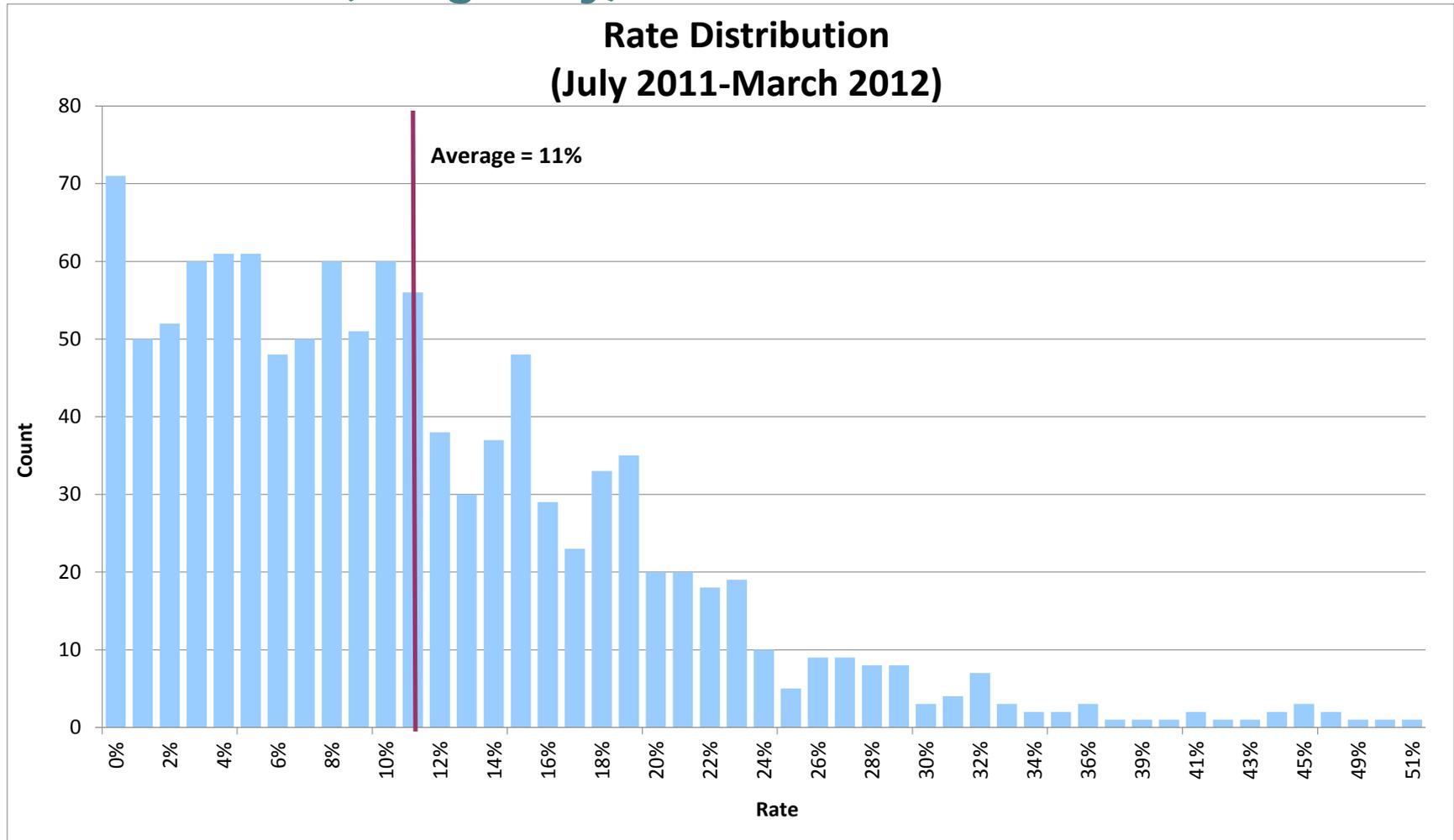


Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)

Trend Analysis



Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)



10th percentile

22%

25th percentile

16%

50th percentile

9%

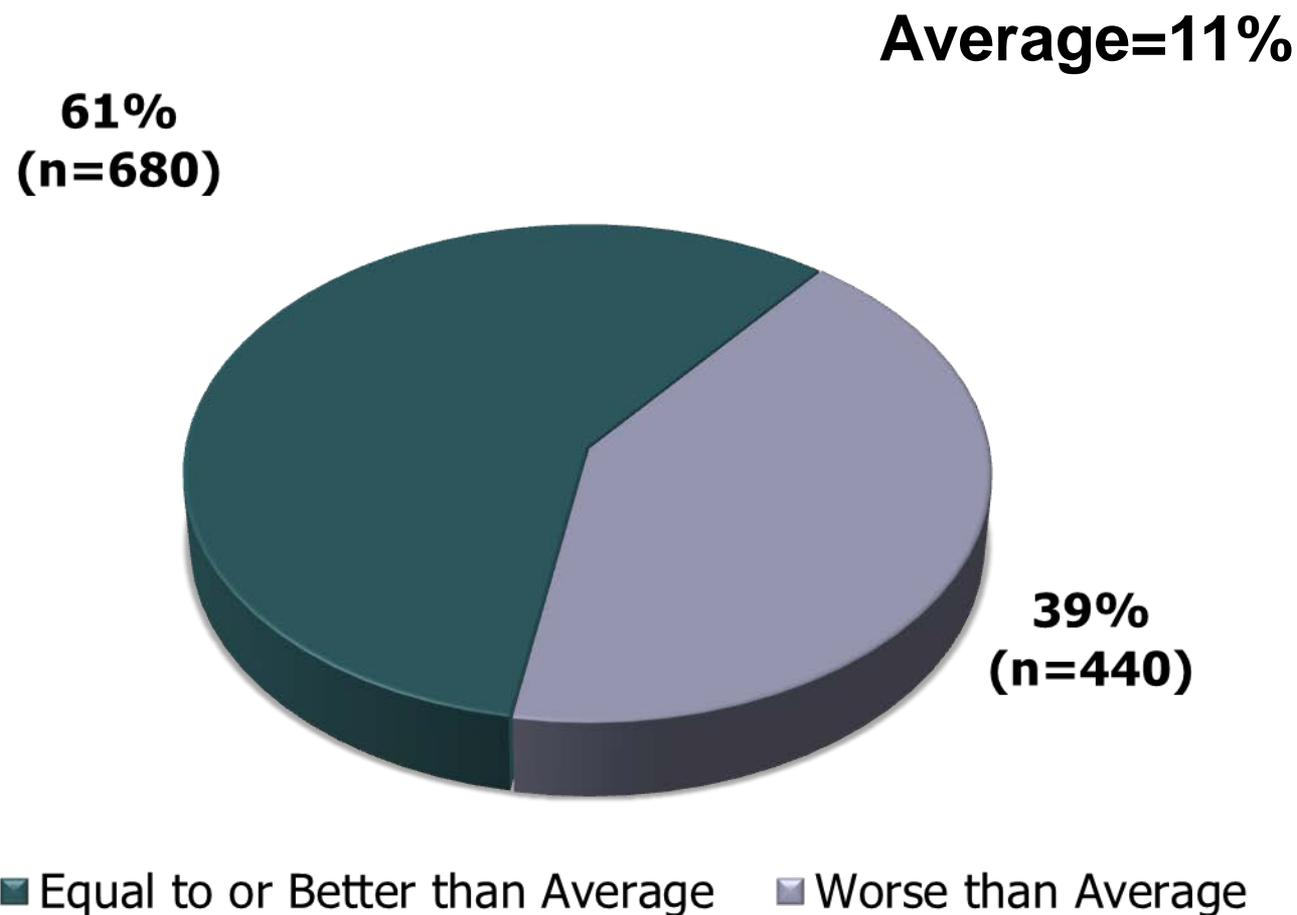
75th percentile

4%

90th percentile

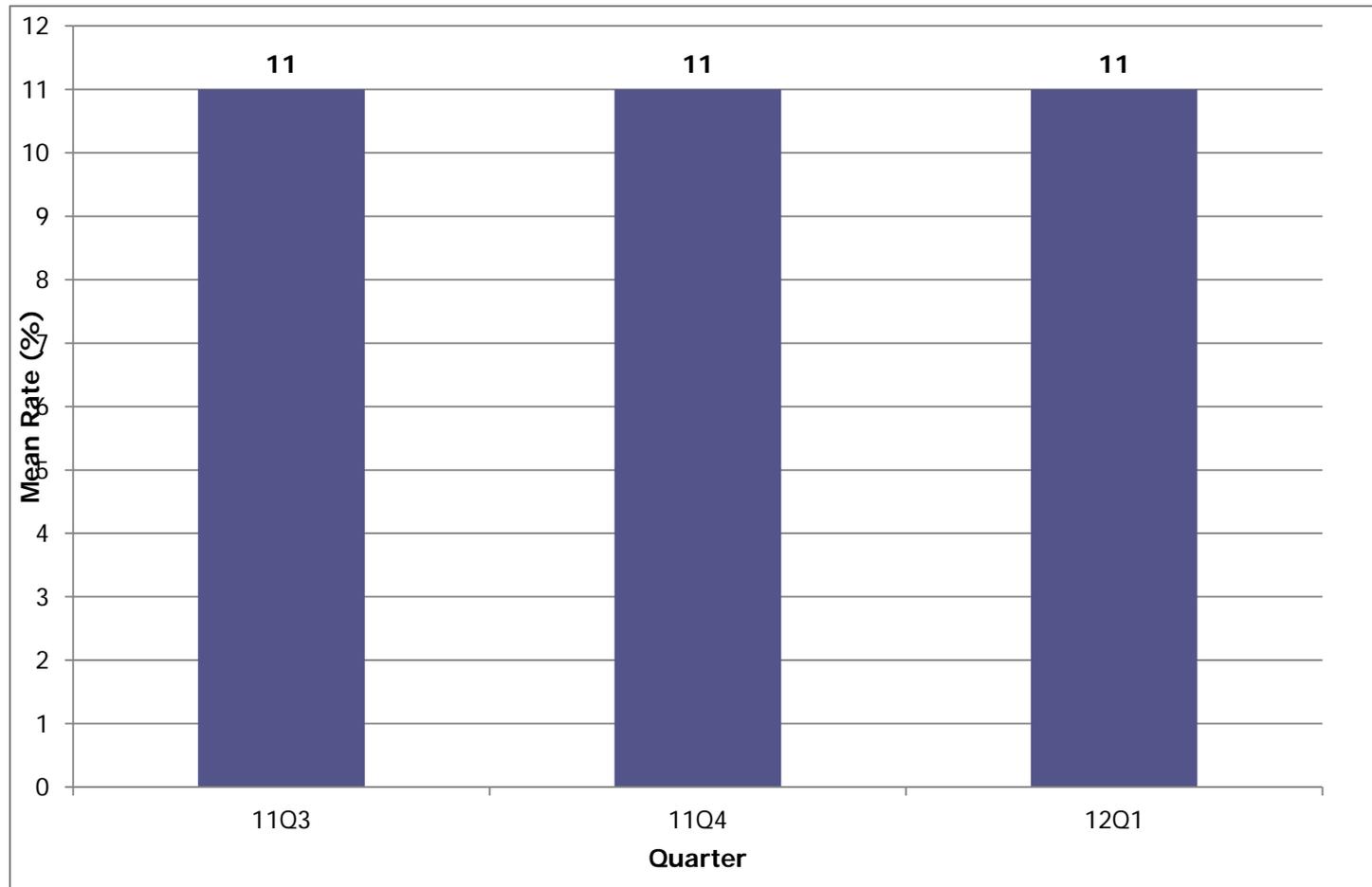
1%

Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)

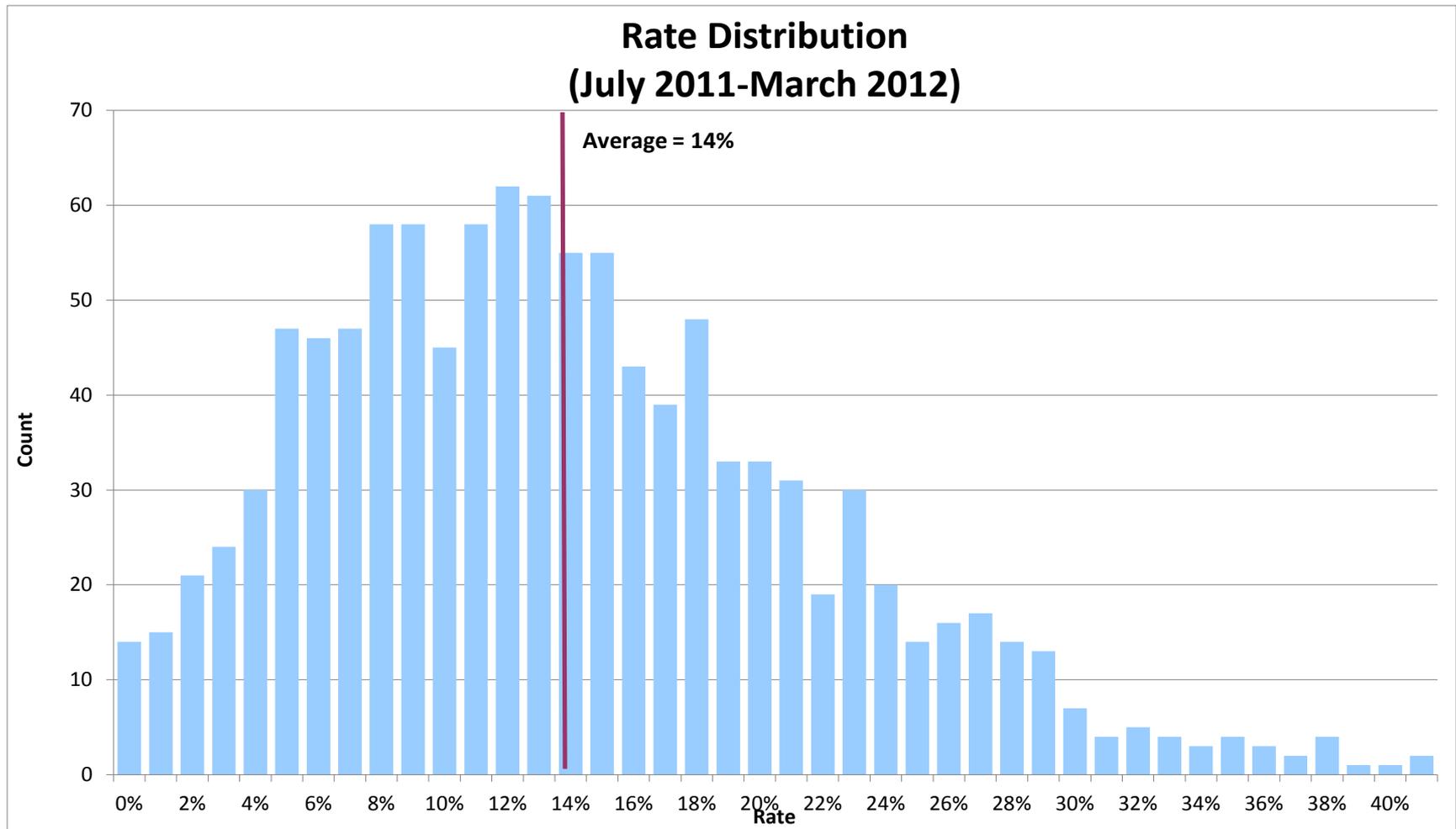


Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)

Trend Analysis



Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)



10th percentile

25%

25th percentile

19%

50th percentile

13%

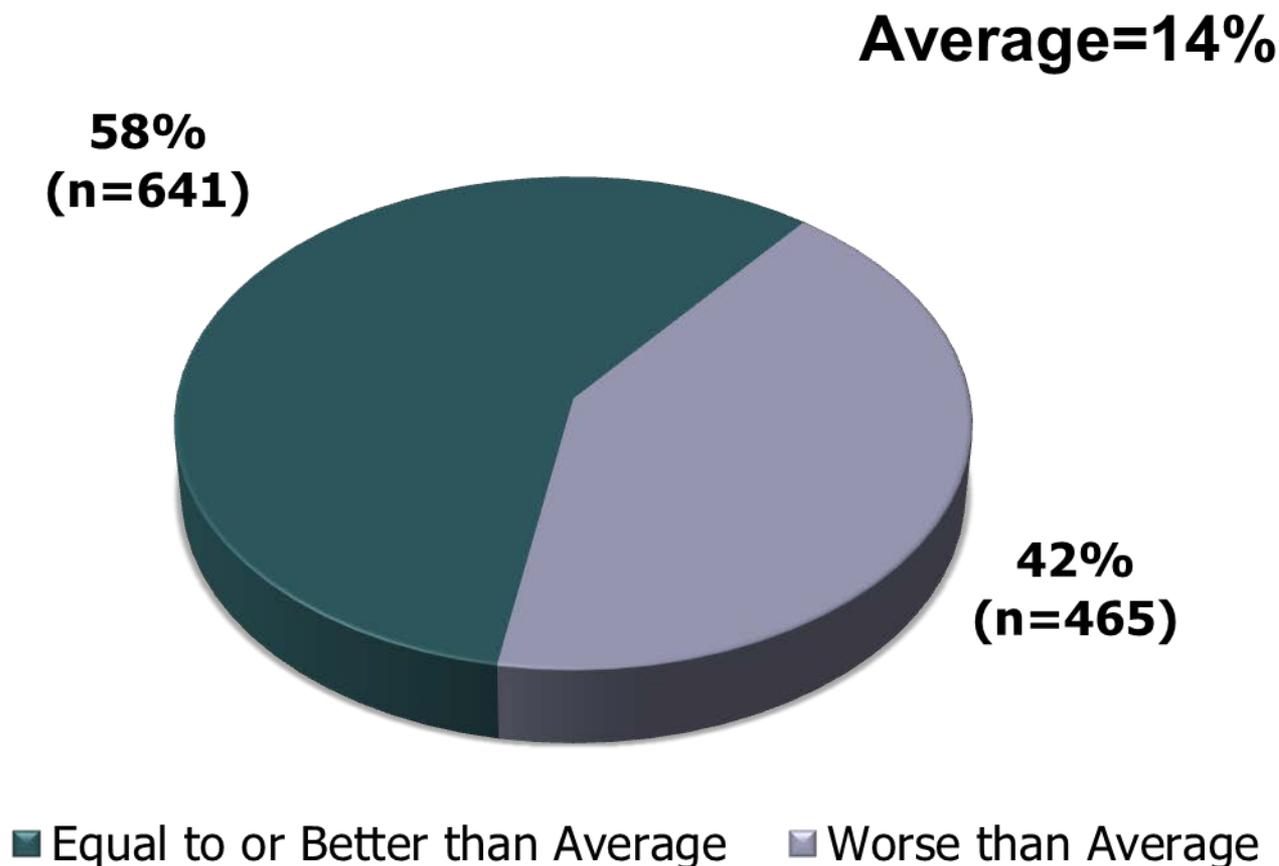
75th percentile

8%

90th percentile

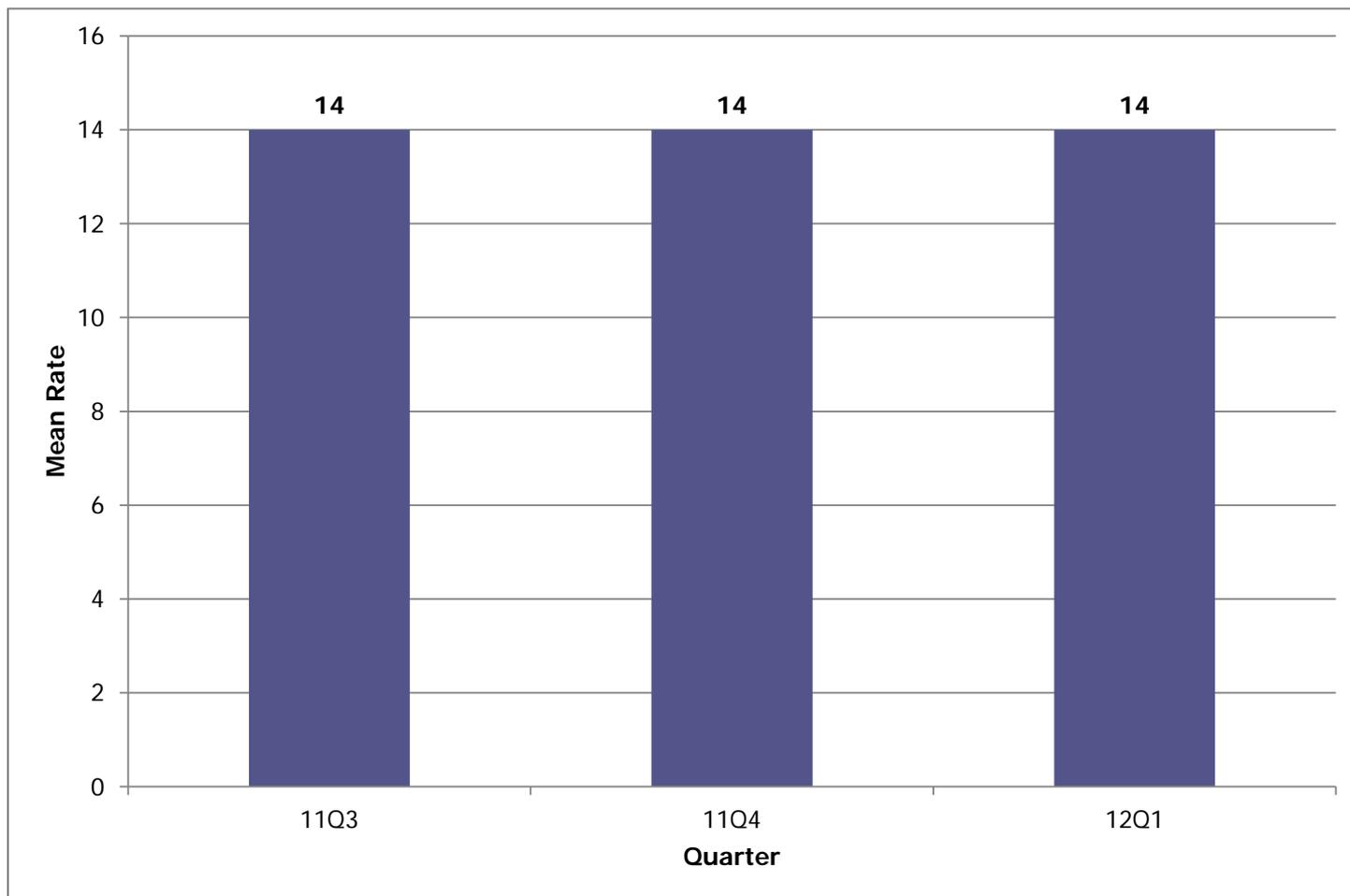
5%

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)



Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)

Trend Analysis



COMMENTS AND QUESTIONS?

MEASURE DEVELOPMENT

Chemical Restraints

Olmstead Compliance

Staffing Retention/Turnover

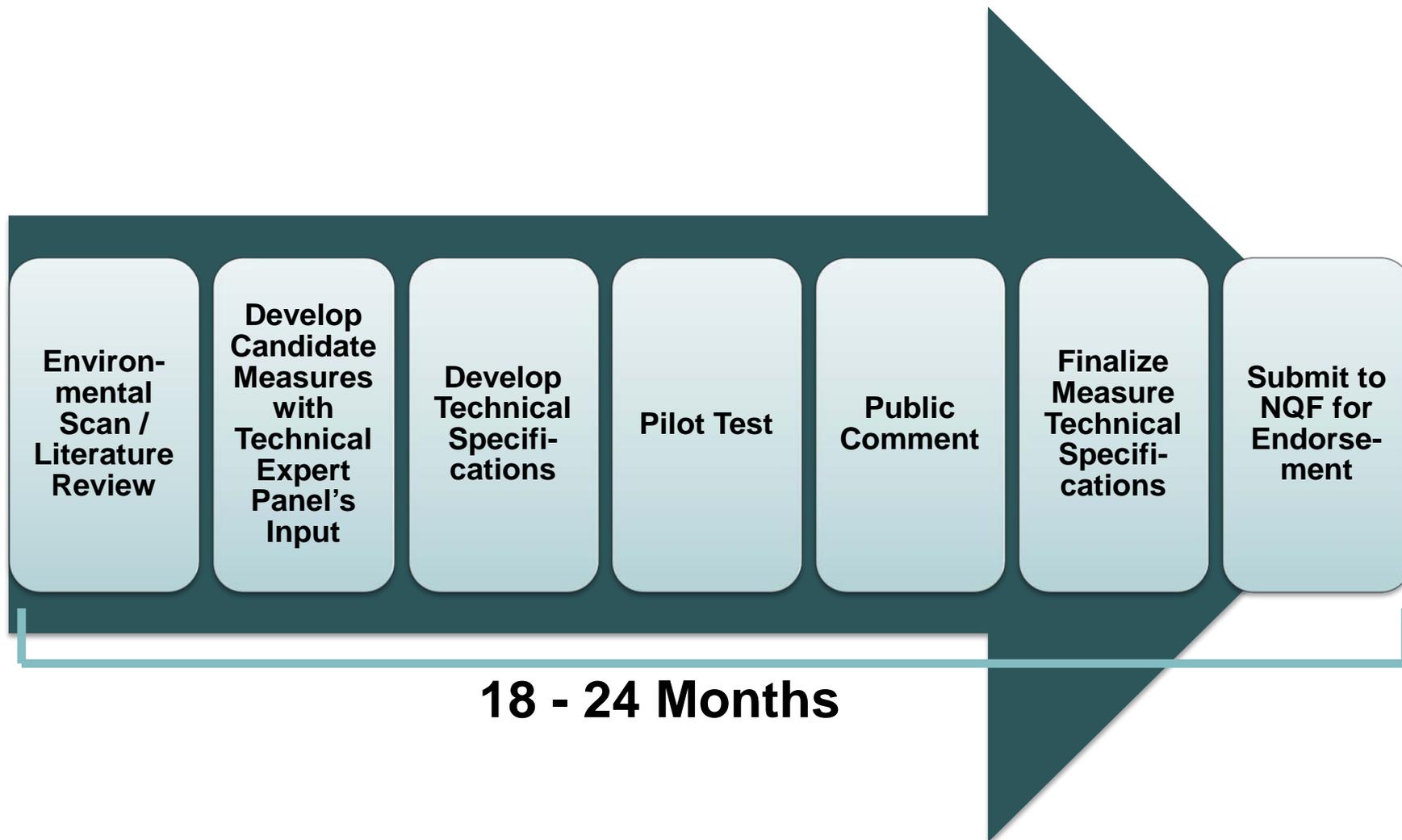
Mary Fermazin, M.D., MPA
Vice President

Health Policy and Quality Measurement
Health Services Advisory Group

Measure Development

- Blueprint for the CMS Measures Management System
 - Standardized system for the development and maintenance of quality measures
 - Version 8 can be found at www.cms.gov/mms

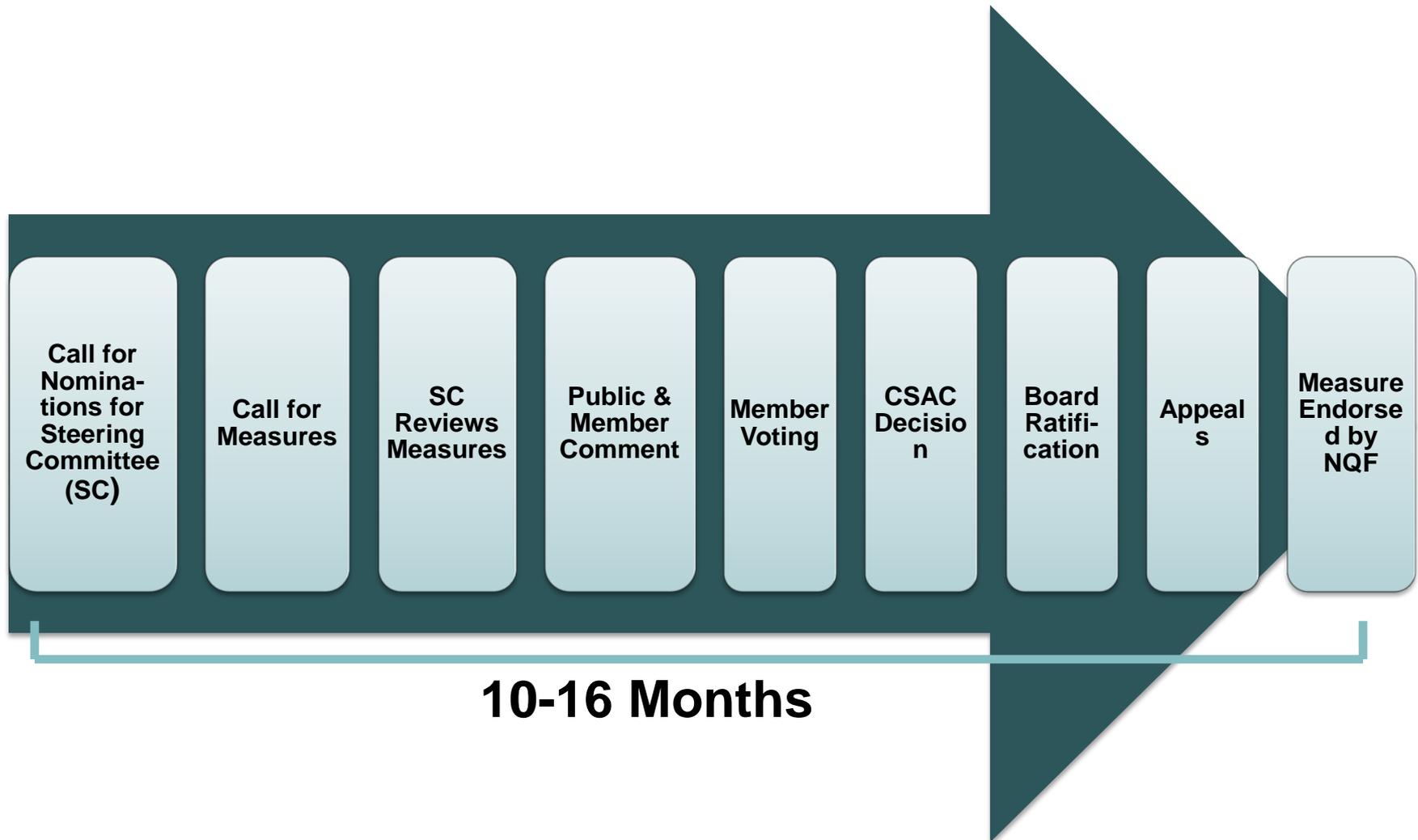
Measure Development Process



Measure Development: Issues to Consider

- Measure must be designed and implemented with scientific rigor
- Costs
- Time
- Approximately 20 months

NQF Consensus Development Process



CHEMICAL RESTRAINTS

Background on Chemical Restraints

- Definitions vary:
 - Literature: Refers to the use of medications to control behavior such as delirium, agitation, violent behaviors, or unplanned extubation
 - CMS: Refers to any drug that is used for discipline or convenience and not required to treat medical symptoms
 - **Discipline**—refers to any action taken by the facility for the purpose of punishing or penalizing residents
 - **Convenience**—refers to any action taken by the facility to control a resident's behavior or manage a resident's behavior with a lesser amount of effort by the facility and not in the resident's best interest
 - **Medical Symptom**—denotes an indication or characteristic of a physical or psychological condition

Chemical Restraints

Medications used in chemical restraints:

- Sedatives and analgesics
- Antipsychotics (typical and atypical)
- Combination of both

Chemical Restraints: Environmental Scan Findings

- No published data on chemical restraints prevalence in CA nursing homes
 - Literature review
 - Nursing Home Compare list of deficiencies
- No existing quality measures on chemical restraints

Chemical Restraints: Barriers to Measure Development

- Data Source—provide data elements needed to compute measure scores
 - Chemical restraints data element: Drugs used for discipline and convenience and not required to treat medical symptoms
 - Potential data sources examined:
 - MDS
 - OSCAR
 - Part D Claims data
 - Medical Record

Chemical Restraints: Barriers to Measure Development

- **MDS:** Does not capture all medications given nor provide indications for drug use
- **Part D Claims:** Does not capture diagnosis, dosage and drug indications
- **OSCAR Database:** Reliability and validity issues
- **Medical Records:** No explicit documentation of discipline or convenience

Chemical Restraints: Barriers to Measure Development

- Defining a chemical restraint event
 - Align with CMS definition—depends on medical record documentation of a medication being given to control behavior for discipline and/or convenience of the staff
 - Cannot be easily determined through medical record reviews
 - Not explicitly documented by clinicians
- Clinical judgment is needed to determine chemical restraint event → Lack of standardization & precision in chart abstraction → Decrease reliability and validity of measure

Chemical Restraints: Recommendations

- Chemical restraint measurement is not feasible
- Adopt a measure related to medication quality of care issues
 - *Inappropriate use of antipsychotic drugs*

Antipsychotic Drug Use in Nursing Homes

Generally used for treatment of:

- Psychotic disorders (e.g., schizophrenia)
- Psychotic symptoms (e.g., hallucinations, delusions) associated with other conditions (e.g., delirium)
- Behavioral and psychological symptoms associated with dementia when symptoms present a risk of harm to resident and others

Antipsychotic Drug Use in Nursing Homes

- **FDA** issued black box warning (2005) against prescribing atypical antipsychotics regarding increased risk of mortality when these drugs are used for treatment of behavioral disorders in elderly patients with dementia
- **AHRQ** report (2011): There's little evidence in general to support the use of atypical antipsychotic for some treatments other than their officially approved purposes

Antipsychotic Drug Use in Nursing Homes

- **2011 Office of Inspector General Report**
 - 14 percent of nursing home residents received atypical antipsychotic drugs, among these, 88 percent were associated with conditions specified in the FDA black box warning
 - 22 percent of these drugs were not administered according to CMS standards for drug therapy
- **2004 National Nursing Home Survey**
 - Nearly 24 percent of nursing home residents received atypical antipsychotics, 86 percent of which were for off label indications

Antipsychotic Drug Use in Nursing Homes

CMS Guidelines:

- Comprehensive assessment of residents with behavioral issues to identify underlying causes
- Residents who received antipsychotic drugs should receive gradual dose reductions and behavioral interventions
- Evaluate results and monitor duration and adverse effects

Chemical Restraints & Antipsychotic Drug Use Overlap

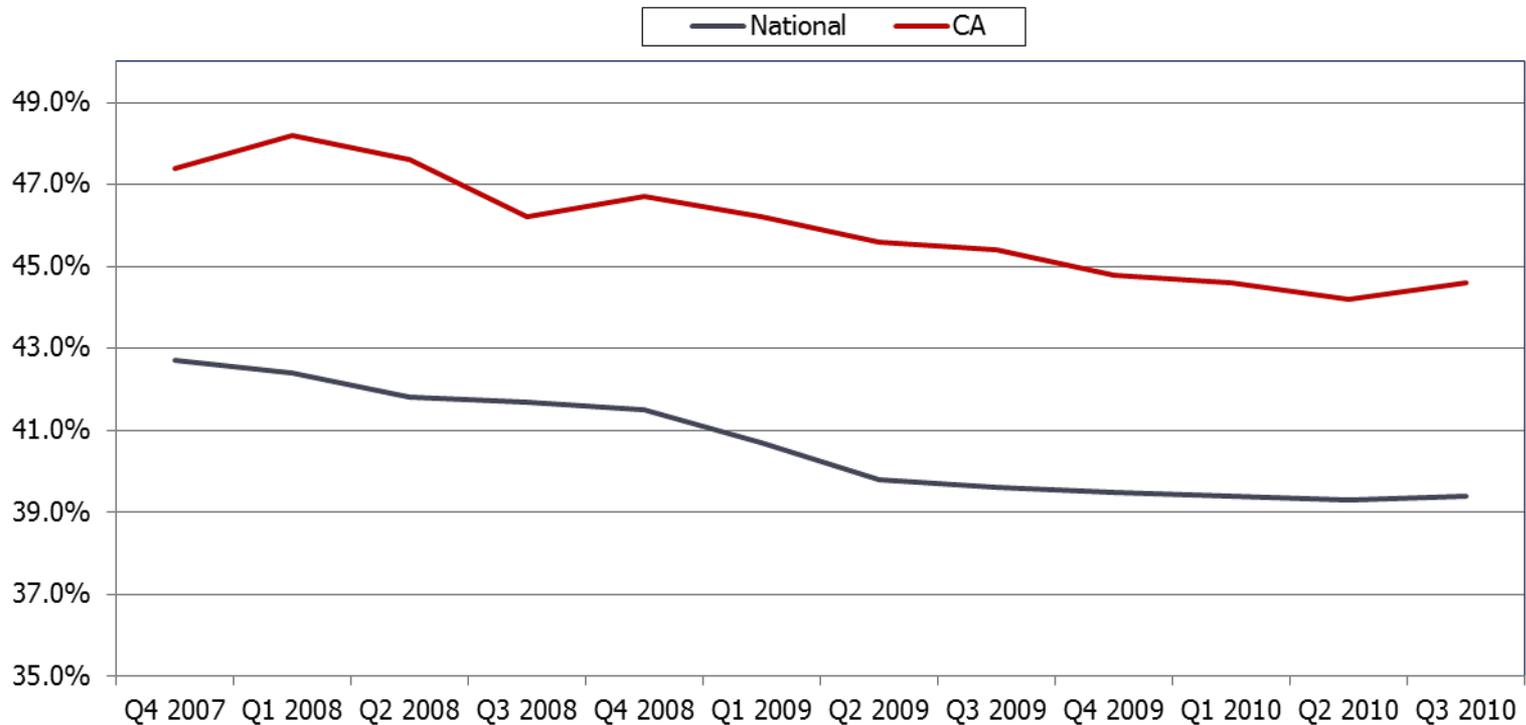


Antipsychotic Drug Use

- Different from chemical restraints
- Focused on:
 - Dosing
 - Duplicative therapy
 - Monitoring or plan of care
 - Inappropriate indications

MDS 2.0 QM/QI Antipsychotic Drug Use Prevalence Rate

MDS 2.0 Prevalence of Antipsychotic Use, in the Absence of Psychotic or Related Conditions (High-Risk)



CMS Partnership to Improve Dementia Care

Goal: Reduce antipsychotic drugs in nursing home residents by 15 percent by the end of 2012

- Enhanced training
 - Provider level—emphasize person-centered care
 - State and federal surveyors—behavioral health
- Increased transparency
 - Antipsychotic drug on Nursing Home Compare starting July 2012
- Alternatives to antipsychotic medication
 - Non-pharmacological alternatives: Consistent staff assignments, increased exercise or time outdoors, monitoring and managing acute and chronic pain, and planning individualized activities

Potential Measure for the SNF QAP

- **MDS 3.0 QM CASPER Measure Name:** Prevalence of Psychoactive Medication Use in Absence of Psychotic or Related Condition
- **Numerator:** Long-stay residents with a selected target assessment where the following condition is true: antipsychotic medications received
- **Denominator:** All long-stay residents with a selected target assessment, except those with exclusions
 - *Excluded conditions:* Schizophrenia, psychotic disorder, manic depression (bipolar disease), Tourette's syndrome, Huntington's disease, hallucinations, delusions

CMS Antipsychotic Medication Quality Measure

- CMS is refining the current CASPER QM Antipsychotic Drug Use measure
 - Technical Expert Panel (TEP) – TBD
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/TechnicalExpertPanels.html>

OLMSTEAD COMPLIANCE

Background on Olmstead

- 1999 Supreme Court decision: *Olmstead vs. L.C.*— Under Title II of the American Disabilities Act (ADA)
 - Disabled people have the right to receive care in the most integrated setting appropriate and that their unnecessary institutionalization was discriminatory and violated the ADA

Olmstead Compliance

- Defined as the practice by which states adhere to Title II of the ADA and the Supreme Court ruling on Olmstead v. L.C.
 - Ensure that institutionalized Medicare-eligible persons
 - Do not experience discrimination
 - Given the opportunity to be provided care in the least restrictive and most integrated community based care setting

Olmstead Compliance Quality Measure

Environmental Scan Findings:

- No existing measure on Olmstead compliance
- Numerous projects found MDS section Q data elements were effective in identifying resident's discharge preferences
- MDS 3.0 contains data elements designed specifically to address this topic

Olmstead Compliance Quality Measure

Recommendations:

- Potential Measure Development Using MDS 3.0
- MDS Section Q potential data elements for Olmstead quality measure
 - A2100: Discharge Status
 - Q0400: Discharge Plan
 - Q0500: Return to Community
 - Q0600: Referral

Olmstead Compliance Quality Measure

Potential Measure Concept:

- Resident's Desire to Return to Community (Process Measure)
 - Potential MDS 3.0 data elements:
 - Q0500 Return to Community
 - Q0400 Discharge Plan
 - Q0600 Referral
 - Assesses nursing home's processes of evaluating residents for possible discharge to HCBS
 - Issues to consider:
 - Evidence linking these processes to outcome
 - Comprehensiveness of process measure(s)—“ideal” care

Olmstead Compliance Quality Measure

Potential Measure Concept:

- Appropriate Discharge to the Community (Outcome)
 - Potential MDS 3.0 data element:
 - A2100 Discharge Status
 - 01. Community (private home/apt, board/care, assisted living, group home)
- Issues to consider:
 - Need to define “appropriate”
 - Will require risk adjustment: Case-mix, rural vs. urban

STAFFING RETENTION/TURNOVER

Staffing Retention/Turnover

Environmental scan:

- CDPH Audit: Nursing hours per patient per day
- Nursing Home VBP Demonstration: Nurse staffing turnover
- Advancing Excellence in Nursing Homes: Staffing turnover
- OSHPD Report: Employee turnover percentage and employee with continuous service

Staffing Retention/Turnover

- Considerations for quality measure recommendations:
 - Limitations on data collected
 - Data lag
 - Limitations on participating NHs
- Recommendations in progress

COMMENTS AND QUESTIONS?

Next Steps

- Review of input on six proposed measures
- Finalize HSAG White Papers and recommendations on new measures
- Hold September quarterly stakeholder meeting for ongoing updates and input on further quality measure development